2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# N06000008106

Entity Name: BROWARD COUNTY PRIVATE SCHOOLS ASSOCIATION, INC.

Current Principal Place of Business:

509 NORTH WEST 7TH COURT
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

509 NORTH WEST 7TH COURT
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 57-1239797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REMBERT, JOVAN H
509 NORTH WEST 7TH COURT
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOVAN H REMBERT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: REMBERT, JOVAN H
Address: 509 NORTH WEST 7TH COURT
City-St-Zip: HALLANDALE, FL 33009

Title: VP ( ) Delete
Name: MILLER, LENORA
Address: 4021 SOUTH WEST 24TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: DIR ( ) Delete
Name: DOCTOR, TALITHA S
Address: 804 NORTH WEST 3RD AVE.
City-St-Zip: HALLANDALE, FL 33009

Title: DIR ( ) Delete
Name: JAMES, MICHELLE
Address: 1291 SOUTH WEST 85TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DIR ( ) Delete
Name: BAIN, RAPHAEL
Address: 509 NORTH WEST 7TH COURT
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: PRATT, SANDRA
Address: 5321 SW 21 STREET
City-St-Zip: WEST PARK, FL 33023

Title: DIR ( ) Change (X) Addition
Name: ROBINSON, BOBBIE
Address: 230 SW 11TH AVE
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOVAN H REMBERT DIR 10/05/2009
Electronic Signature of Signing Officer or Director — Date